

DEPARTMENT OF SOCIAL SERVICES

744 P Street, MS 19-96, Sacramento, CA 95814



September 8, 2003

ALL-COUNTY LETTER NO. 03-44

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

Reason For This Transmittal

- ☐ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by one or More Counties
- ☐ Initiated by CDSS

**SUBJECT: 2003 EFFECTIVE INCOME LIMIT FOR THE AGED AND DISABLED
FEDERAL POVERTY LEVEL (A&D FPL) PROGRAM COUPLES**

REFERENCE: Department of Health Services (DHS) All-County Welfare Directors Letter (ACWDL) 03-21, April 23, 2003;
California Department of Social Services (CDSS) All-County Letter (ACL) No. 03-04, January 27, 2003;
California Department of Social Services All County Fiscal Letter (CFL) 02/03-68 (June 13, 2003).

The purpose of this ACL is to inform counties of the 2003 Effective Income Limit (EIL) for couples eligible for the Aged and Disabled Federal Poverty Level Program (A&D FPL). This 2003 EIL affects couples who can receive Personal Care Services because they have Medi-Cal eligibility through the A&D FPL program.

DHS provided instructions to county Medi-Cal staff on the A&D FPL EIL for couples in ACWDL 03-21. In addition, existing legislation granted an increase in the Social Security Income/State Supplemental Income (SSI/SSP) payment standard for couples after June 1, 2003.

2003 EIL INCREASE FOR COUPLES

Section 14005.40(c)(1) of the Welfare & Institutions Code (WIC) requires that the A&D FPL couple's income standard not be less than the SSI/SSP payment standard for a couple. The 2003 SSI/SSP payment standard between January 1, 2003 through May 31, 2003 for an aged or disabled couple living in their own home is \$1,344. This SSI/SSP level exceeds 100% of the federal poverty level plus the disregard (\$1,320). For this reason, the EIL for couples from January 1, 2003 through May 31, 2003 is also \$1,344.

Legislation granted an increase in the SSI/SSP payment standard for couples after June 1, 2003 to \$1,382. The EIL for couples from June 1, 2003 through December 31, 2003 is also \$1,382.

EFFECTS OF THE RETIREMENT SURVIVORS AND DISABILITY INSURANCE (RSDI) JANUARY 1, 2003, COST OF LIVING ADJUSTMENT (COLA)

Counties are reminded not to apply the 2003 RSDI COLA when evaluating cases for A&D FPL eligibility between January 1, 2003 and April 1, 2003. After April 1, 2003, the 2003 RSDI COLA can be applied. [See ACL 03-04 and WIC 14005.40(f)].

INSTRUCTIONS FOR COMPLETING THE MEDI-CAL "AGED & DISABLED FEDERAL POVERTY LEVEL PROGRAM FINANCIAL ELIGIBILITY FORM" (MC 176)

An MC 176 is attached for reference. The MC 176 may be filled out by county In-Home Supportive Services (IHSS) workers and provides for the entry of the couple disregard on Line 16 and 100% of the FPL amount on Line 21. The implementation of this form as it relates to determining share-of-cost for IHSS/PCSP is properly reported to the Time Study Code 1034 (IHSS-PCSP). Because the SSI/SSP payment level for couples exceeds the statutory couple disregard amount plus 100% of the FPL amount, the couple SSI/SSP payment level must be allocated on the form. Completion of the MC 176 for the purposes of determining Medi-Cal eligibility, are properly reported to Program Code 215 (Medi-Cal)(refer to CFL 02/03-68).

- For the months of January, February, and March 2003, the 100% FPL for couples was \$995. Deducting this amount from the EIL leaves an amount of \$349 (\$1,344 - \$995). The \$349 is entered on Line 16 income disregard line and \$995 is to be entered as the Line 21 FPL amount of the MC 176. This results in a total sum of \$1,344.
- Cases evaluated for eligibility between April 1, 2003 through May 31, 2003 will have an amount of \$334 for entry on Line 16 income disregard. This is the difference between the \$1,344 SSI/SSP couple payment standard and the 100% FPL level for couples of \$1,010 that became effective on April 1, 2003. The \$1,010 figure is entered as the Line 21 FPL amount. Again, this results in a total sum of \$1,344.
- Eligibility determinations from June 1, 2003 will have an increased income disregard due to the increase in the SSI/SSP payment standard to \$1,382. The amount of \$372 (\$1382 - \$1,010) for entry as the Line 16 income disregard with \$1,010 to be entered as the Line 21 FPL amount. This results in a total sum of \$1,382.

SPECIAL PRE-AUTHORIZATION TRANSACTION INSTRUCTIONS

These A&D FPL couple instructions were not available as of January 1, 2003. As a result, couples may have paid more for services in the IHSS/PCSP program than was required. An Adjustment Transaction, Type "C" and Reason "O2" on the Case Management, Information and Payrolling System (CMIPS) Special Pre-Authorized Transactions screen may be used

to reimburse these couples that overpaid for services. The CMIPS User's Manual, Section XI, IHSS Special Pre-Authorized Transactions, SOC 312, and page XI-A-1 through page XI-B-11 provide instructions on this process.

The EIL for couples was previously \$1,332 as of April 1, 2002 and, as discussed, increases to \$1,344 and \$1,382. This \$12 and \$50 increase in the EIL allows couples who had income just above the previous EIL to be eligible for the A&D FPL program. Be advised that cases with an EIL just below and above the prior EIL may have a change in program eligibility.

MEDI-CAL A&D FPL PROGRAM, INFORMATION NOTICE

Counties are reminded that the A&D FPL information notice must be mailed to all newly eligible couples.

If there are any questions regarding the changes, please contact Alan Stelmack, Chief, Adult Programs Branch at (916) 229-4582.

Sincerely,

Original Signed By
Donna L. Mandelstam on 9/8/03
DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

ATTACHMENT 3

AGED & DISABLED FEDERAL POVERTY LEVEL PROGRAM FINANCIAL ELIGIBILITY FORM

CASE NAME		COUNTY DISTRICT		COUNTY USE	
APPLICANT'S NAME (If different from above)		CASE #		EFFECTIVE ELIG. DATE FOR THIS BUDGET	
				Month	Year
NAME ADDITIONAL MFBU MEMBER (SPOUSE)		NAME OF ADDITIONAL MFBU MEMBER (CHILD)		OTHER COVERAGE	
NEW APP.		REDETERMINATION		CHANGE	
				RETRO ELIG.	
				CORRECTION	
PART A Is the applicant(s)/beneficiary(ies) aged or disabled per Title 22, Sections 50221, 50223, & 50167:					
Yes, then go to Part B No: Do not complete this form; If not aged refer for disability determination					
PART B INCOME ELIGIBILITY DETERMINATION					
I UNEARNED INCOME					
		Elig. Individual	Elig. Spouse/Child/Parent	Inelig. Family Membr #1	Inelig. Family Membr #2
1	OASDI	\$	\$	\$	\$
2	PROPERTY NET INCOME	\$	\$	\$	\$
3	IN-KIND INCOME	\$	\$	\$	\$
4	OTHER INCOME (Include Source of Other Income)	\$ Source:	\$ Source:	\$ Source:	\$ Source:
5	OTHER INCOME (Include Source of Other Income)	\$ Source:	\$ Source:	\$ Source:	\$ Source:
6	TOTAL INCOME INDIVIDUAL UNEARNED INCOME (ADD 1 THRU 5 IN EACH COLUMN)	Total of Above Boxes: \$	Total of Above Boxes: \$	Total of Above Boxes: \$	Total of Above Boxes: \$
7	COMBINED UNEARNED INCOME (Add Totals From Row 6)		TOTAL OF BOXES IN ROW 6: \$		
8	SUBTRACT \$20 (Any Income Deduction)		- \$20		
9	REMAINING UNEARNED INCOME		\$		
II EARNED INCOME					
		Elig. Individual	Elig. Spouse/Child/Parent	Inelig. Family Membr #1	Inelig. Family Membr #2
10	GROSS EARNED INCOME	\$	\$	\$	\$
11	COMBINED EARNED INCOME (Add Amounts In Row 10)	\$			
12	\$ 65 EARNED INCOME DEDUCTION PLUS \$ FROM UNUSED \$20 DEDUCTION	- \$			
13	REMAINING EARNED INCOME (Subtract line 12 from Line 11)	=			
14	50% EARNED INCOME DEDUCTION (Divide line 13 by 2)	\$			
III NET NONEXEMPT INCOME AND ELIGIBILITY DETERMINATION					
15	TOTAL EARNED AND UNEARNED INCOME (Add lines 9 and 14)	\$			
16	DISREGARD FOR QUALIFIED INDIVIDUALS OR QUALIFIED COUPLES	- \$			
17	HEALTH INSURANCE PREMIUMS	- \$			
18	AGED & DISABLED MEDICALLY NEEDY DEDUCTIONS: SPECIFY	- \$			
19	Deduction for Allocation to Ineligible Fam. Mbrs (= MNL for number of Ineligible Family Members)	- \$			
20	NET NONEXEMPT INCOME (Line 15 - Lines 16 thru 19)	= \$			
21	PROGRAM INCOME LIMIT (100% FPL For Number of Individuals Being Evaluated For Eligibility)	\$			
22	ELIGIBLE IF LINE 20 AMT IS LESS THAN OR EQUAL TO LINE 21 AMT	ELIGIBLE		NOT ELIGIBLE	
23	NOTE: If ineligible, assess for eligibility for other Medi-Cal programs				